

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

March 19, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Ideal Grocery, 905 South 27th Street requesting a class C liquor license.

This location previously held a class K liquor license

This request is due to ownership changes.

Chad Winters, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved liquor license manager

The required training was completed on October 13th 2011.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Ideal Grocery and Market

Street Address #1 905 S 27th St

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68510

Premise Telephone number 402-476-2177

Is this location inside the city/village corporate limits:



YES

city



NO

Mailing address (where you want to receive mail from the Commission)

Name Leon's Gourmet Grocer

Street Address #1 2200 Winthrop Rd

Street Address #2 _____

City Lincoln State NE Zip Code 68502

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

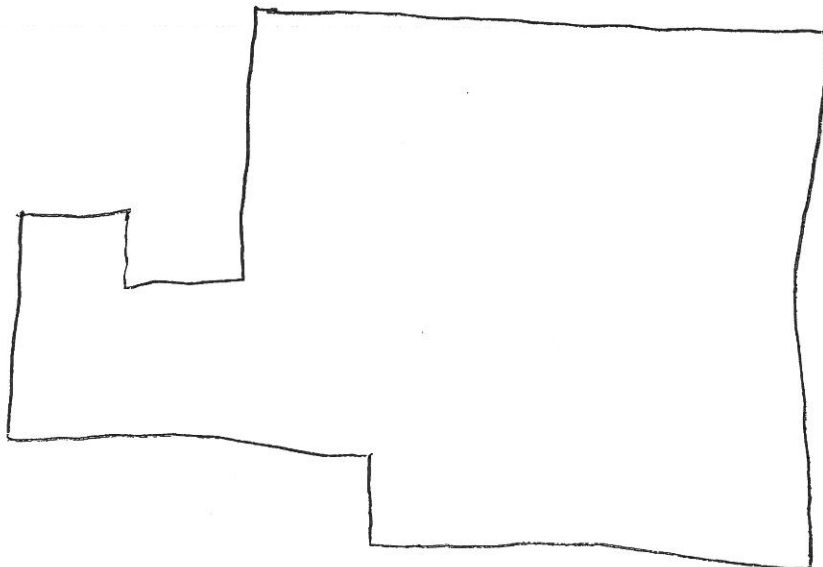
**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 175 feet
Width 130 feet

No Basement No Outdoor Area

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

one story building
approx 130 x 175



**APPLICATION FOR TEMPORARY
OPERATING PERMIT (T.O.P.)**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

- This application must be submitted along with a completed application for liquor license
- Agreement is effective upon issuance of a Temporary Operating Permit (T.O.P.)
- Agreement is effective up to 90 days from issuance of T.O.P.

NAME OF EXISTING BUSINESS (SELLER) AND LICENSE

50943

On (date) _____ seller and buyer entered into a contract for sale of the business known as _____

Purchase contract to be include with application for liquor license.

Buyer seeks to obtain a permit to allow them to operate the business under the same terms and conditions of premise licensee; subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 90 days.

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesaler under section §53-123.02.

A seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

Chad Winters

J. W. Moore
Signature of Seller

[Signature]
Signature of Buyer

State of Nebraska
County of Lancaster

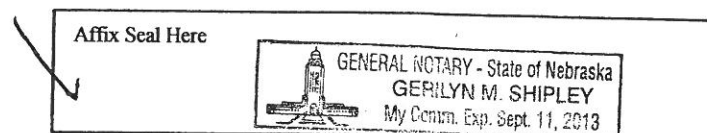
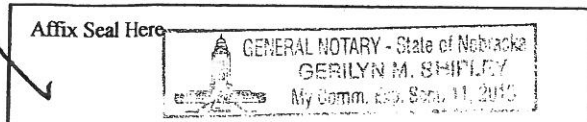
State of Nebraska
County of Lancaster

The forgoing instrument was acknowledged before
me this March 1, 2012
Date

The forgoing instrument was acknowledged before
me this March 1, 2012
Date

Gerilyn M. Shipley
Notary Public Signature

Gerilyn M. Shipley
Notary Public Signature



APPLICATION FOR LIQUOR LICENSE
PARTNERSHIP
INSERT - FORM 2

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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NEBRASKA LIQUOR
CONTROL COMMISSION

Partner(s), including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) At least one (1) partner must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Primary Partner may be required to take a training course

Birth Cert or
US Passport
Voter Reg

Name of Primary Partner (Please note if your partnership is a husband/wife combination then opposite spouse will need to complete the additional partner section on the next page)

Last Name: Winters
First Name: Chad MI: J
Home Address: 7827 S. 59th Street City: Lincoln Zip Code: 68516
Social Security Number: _____ Date of Birth: _____
Home Telephone Number: 402 420 0082
Drivers License Number: _____ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Spousal

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Winters
Spouses First Name: Sarah MI: HI
Social Security Number: _____ Date of Birth: _____
Drivers License Number: _____ State: NE

Name of additional partner(s) (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Last Name: Toy

First Name: Roger MI: L

Home Address: 1418 W. Lademon Cir City: Lincoln Zip Code: 68523

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: _____

Drivers License Number: _____ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Spousal

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Hughes Toy

Spouses First Name: Susan MI: E

Social Security Number: _____ Date of Birth: _____

Drivers License Number: L State: NE

If necessary, this page can be copied for additional partner information

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NEBRASKA LIQUOR
CONTROL COMMISSION

In compliance with the ADA, this partnership insert form 2 is available in other formats for person with disabilities.
A ten day advance period is required in writing to produce the alternate format.

Name of additional partner(s) (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Last Name: Vorhies

First Name: Christopher MI: I

✓ Home Address: 3320 Smith St City: Lincoln Zip Code: 68506

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: 402-580-6974

Drivers License Number: _____ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Not Married

☐ YES

☒ NO

If yes, provide your spouse's information below

Spouses Last Name: _____

Spouses First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: _____

If necessary, this page can be copied for additional partner information

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CONTROL COMMISSION

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A ten day advance period is required in writing to produce the alternate format.

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

JAN 14 1991

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER, DIRECTOR

BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA-DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH 126-70

CHILD-NAME		MIDDLE		LAST		DATE OF BIRTH (MONTH, DAY, YEAR)		BIRTH NUMBER	
Chad		Jason		Winters				6:14 AM	
SEX	Male								
CITY, TOWN, OR LOCATION OF BIRTH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH			
Lincoln		Yes		Single		Lancaster			
MOTHER—MAIDEN NAME		MIDDLE		LAST		HOSPITAL—NAME		(IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)	
Nancy		Lee		Behne		Bryan Memorial Hospital			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
Nebr		Lancaster		Lincoln		20		Nebr	
FATHER—NAME		MIDDLE		LAST		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
Gordon		Gene		Winters		Yes		3727 N. 56th	
INFORMANT—NAME OR SIGNATURE		MIDDLE		LAST		AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
Nancy		Lee		Winters		20		Minn.	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.		DATE SIGNED		MONTH, DAY, YEAR		ATTENDANT (SPECIFY)		RELATION TO CHILD	
SIGNATURE		100		14-70		Mother			
CERTIFIER—NAME		(TYPE OR PRINT)		MAILING ADDRESS		100		M.D.	
Y.S. Moore M.D.				135 S. 14th Lincoln Nebr		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
REGISTRAR—SIGNATURE				DATE RECEIVED BY LOCAL REGISTRAR		MONTH		YEAR	
				MAR 19 1978		DAY		YEAR	

OK

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR

CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Sarah Winters
Signature of spouse asking for waiver
(Spouse of individual listed below)

Sarah Winters
Printed name of spouse asking for waiver

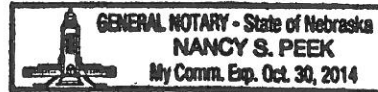
State of Nebraska
County of Lancaster
3-6-12
date

The foregoing instrument was acknowledged before me this

by Sarah Winters
name of person acknowledged

Nancy S. Peek
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Chad J. Winters
Signature of individual involved with application
(Spouse of individual listed above)

Chad J. Winters
Printed name of applying individual

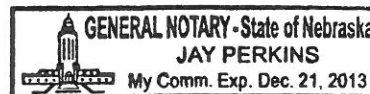
State of Nebraska
County of Lancaster
March 8th 2012
date

The foregoing instrument was acknowledged before me this

by Chad J. Winters
name of person acknowledged

Jay Perkins
Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

MAR 9 2012

**NEBRASKA LIQUOR
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Susan E. Hughes Toy
Signature of spouse asking for waiver
(Spouse of individual listed below)

SUSAN E. HUGHES TOY
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

March 1, 2012
date

Kimmara R Hughes
Notary Public signature

The foregoing instrument was acknowledged before me this

by Kimmara R Hughes
name of person acknowledged

Affix Seal



not related
OK

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Roger L Toy
Signature of individual involved with application
(Spouse of individual listed above)

Roger L Toy
Printed name of applying individual

State of Nebraska

County of Lancaster

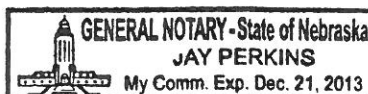
March 8th 2012
date

Jay Perkins
Notary Public signature

The foregoing instrument was acknowledged before me this

by Roger L Toy
name of person acknowledged

Affix Seal



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STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NO.

CHILD	1. NAME (Type or print) (a) First (b) Middle (c) Last CHRISTOPHER IRA VORHIES			2. DATE OF BIRTH	
	3. SEX MALE	4a. PLACE OF BIRTH - COUNTY HARRIS		4b. CITY OR TOWN (If outside city limits, give precinct no.) HOUSTON	
	4c. NAME OF HOSPITAL (If not in hospital, give street address) MEMORIAL HOSPITAL		4d. INSIDE CITY LIMITS? YES	5a. THIS BIRTH-SINGLE, TWIN, TRIPLET, ETC. (Specify) SINGLE	5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st, 2nd, 3rd (Specify)
FATHER	6. NAME (a) First (b) Middle (c) Last THEODORE RAYMOND VORHIES				
	7. RACE CAUCASIAN	8a. IS FATHER OF SPANISH ORIGIN? NO		8b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	
	9. AGE (At time of this birth) 25	10. BIRTHPLACE (State or foreign country) NEBRASKA	11a. USUAL OCCUPATION STUDENT	11b. KIND OF BUSINESS OR INDUSTRY UNIVERSITY	
MOTHER	12. MAIDEN NAME (a) First (b) Middle (c) Last JULIA KAY HOFFMAN				
	13. RACE CAUCASIAN	14a. IS MOTHER OF SPANISH ORIGIN? NO		14b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	
	15. AGE (At time of this birth) 25	16. BIRTHPLACE (State or foreign country) NEBRASKA	17a. USUAL OCCUPATION CLERICAL	17b. KIND OF BUSINESS OR INDUSTRY INSURANCE	
	18a. RESIDENCE - STATE TEXAS	18b. COUNTY HARRIS	18c. CITY OR TOWN (If outside city limits, show rural) ZIP CODE HOUSTON 77074	18d. STREET ADDRESS (If rural, give location) 8800 FONDREN #298	18e. INSIDE CITY LIMITS? YES
	19. Children previously born to this mother (Do NOT include this birth) a. How many other children are now living? 0 b. How many other children were born alive but are now dead? 0 c. How many children were born dead after 20 weeks pregnancy? 0		20. INFORMANT Julia K. Vorhies		
	21. I hereby certify that this child was born alive on the date stated above 11:28 P M		22a. ATTENDANT'S SIGNATURE Charles Pehr		22b. ATTENDANT AT BIRTH M.D., D.O., C.N.M., MIDWIFE, OTHER (Specify) M.D.
22c. ATTENDANT'S ADDRESS 7500 BEECHNUT HOUSTON, TEXAS 77074		22d. DATE SIGNED			
23a. DATE REC'D BY LOCAL REGISTRAR FEB. 23, 1982		23c. SIGNATURE OF LOCAL REGISTRAR R. S. Ward			

STATE OF TEXAS
COUNTY OF HARRISCITY OF HOUSTON
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY THAT THE ABOVE IS AN EXACT COPY OF A CERTIFICATE AS FILED IN THE BUREAU OF VITAL STATISTICS, CITY OF HOUSTON HEALTH DEPARTMENT, HOUSTON, TEXAS, AND THAT I AM THE LEGAL CUSTODIAN OF SUCH RECORDS.

(WARNING: NOT VALID UNLESS MACHINE SIGNED IN RED AND BLACK INK, AND THE RAISED SEAL OF THIS OFFICE AFFIXED HERETO)

DATE ISSUED FEB. 23, 1983

R. S. WARD, REGISTRAR
BUREAU OF VITAL STATISTICS